

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51				
2							52				
3				1			53				
4				2			54				
5				2			55				
6				2			56				
7				2			57				
8				2			58				
9				2			59				
10				2			60				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			1				Total Indep				
Total Depend			15				Total Depend				
Total Claims			16				Total Claims				

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